## PLEASE READ ALL INSTRUCTIONS SENORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT  | FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS | FILED  03 NOV 21 AM 9 23  |
|--|---|---|
| DOCUMENT # LOZOOOOO 8471   |   | SECRETARY OF STATE TALLAHASSEE, FLORIDA   |
| <b>†</b>   | 17/   | ·   |
| 2. Principal Office Address<br>438 W. Knley St.  | 3. Mailing Office Address 438 W. Kaley St                                 | 4. State/Country of Formation   |
| Suite. Apt. #, etc.  | Suite, Apt. #, etc.   | 5. Date Organized or Qualified To Do Business in Fiorida                                      |
| City & State Onlando FL  | City & State  ONLANDO EL  | 6. FEI Number Applied For   |
| Zip Country<br>32806 ORANGE  | Zip Country 32806 Oranse  | 7. CERTIFICATE OF STATUS DESIRED To S5.00 Additional Fee required for a Certificate of Status |
| 8. Name and Address of Current Registered Agent  |   |   |
| Name         DoNald         D.         Voonhees         500024155626           Street Address (P.O. Box Number is Not Acceptable)         11/21/03-01012-002 **50.00           Suite, Apt. #, Etc.         500024165626           10/27/03-010156-004 **101.00   |   |   |
| City Long wood   |   | State Zip Code FL 32779   |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Agent Agent MUST SIGN  Date 10-25-07  |   |   |
| 10. Names and Street Addresses of Managing Members/Managers  |   |   |
| Titles Name of Managing Members/Manag  | Street Address of Eac<br>ers Managing Member/ Mana                        |   |
| inga Dowald D. Voorbees 636 E. Club Cincle   |   | Cincle Longwood F1 327.79   |
| Mgam Gregory D. Voorbees 746 Riverbend Blad Longwood, F/ 32979   |   |   |
| REMSTATEMENT 2003  |   |   |
|  | BIL   |   |
| 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. |   |   |
| Signature of Managing Member/Manager Date 10 - 20-0 7 Daytime Phone # 407-841-4270   |   |   |
| Typed or printed name of signing Managing Member/Manager GRENDI D VOORhees   |   |   |